



National Transportation Safety Board
Washington, D.C. 20594

October 16, 2006

Party Coordinators

Mr. Dana Lee, Athena Construction, Morgan City, LA
Mr. Michael Patterson, Central Boat Rentals, Morgan City, LA
Mr. Brian Osborn, Gulfport Energy, Morgan City, LA
Mr. Bruce L. Niemeyer, Chevron North America, Lafayette, LA
Mr. Mark Champagne, LA Dept. of Natural Resources, Baton Rouge, LA

Cc: LT John Luff, United States Coast Guard

Gentlemen:

Ref: Fire aboard *Athena Barge 106*, accident number MAR07MM001.

The Safety Board requests that the organizations listed above participate in the *Athena 106* accident as a party to the investigation. You are hereby asked to agree and abide by the provisions of 49 CFR 831.11, which governs participation in Safety Board investigations. Enclosed is a copy of 49 CFR 831.11 for your review. If you have any questions about these rules, please call me. Otherwise, we will assume that you will comply.

As a party representative, you will be given the opportunity to review and make comments on the Safety Board's factual report.

Thank you for your support of marine safety and the *Athena 106* investigation. If you have any questions, please contact me at [REDACTED] For additional information, visit www.nts.gov.

Sincerely,

[REDACTED]
Morgan Turrell
Investigator-in-Charge

Enclosures: 49 CFR 831.11

Please make a copy, sign and return this letter to Morgan Turrell

Morgan Turrell
NTSB, Office of Marine Safety

Dear Sir:

In response to your email, attached is the following:

1. Copies of the signed Acknowledgment from the Company Policy Manual. Some have fewer sheets because we moved separate sections of the manual into the safety policy. Their acknowledging that they have read the safety policy include the other former sections also.
2. We have no written Line Supervisors Safety checklists. While the supervisors do inspections of the worksite in preparation for their Job Service Analysis, this particular form is not utilized.
3. Copies of a representation of our daily labor and equipment report, on which is noted a safety meeting. These safety meetings are held daily before the beginning of the day's work and covers various topics—usually regarding the job actions that will be performed that particular day.
4. Copies of Alleged Incident Reports. We do not have an incident report on Kenny Rink because the file belongs to Athena's former owner Hellenic, Inc.. The Accident Report was put in a separate claim file because of its size.

Not DOT form
For Company use only

ACKNOWLEDGMENT

ATHENA CONSTRUCTION

USE OF PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS

NAME KENNETH J. RINK
(print name)

In addition to the use of drugs covered in the Employee Drug Plan, the employee will be considered in violation of this policy and will be subject to disciplinary action, up to and including, termination of employment for violation of the use of prescription drugs and over-the-counter medications as stated in the Policy Statement on Drug Testing and as outlined below.

- A. Possession of prescribed drugs that are not prescribed to the person in possession.
- B. Possession of any drug that is not in a properly identified prescription container or manufacturer's container if bought over-the-counter.
- C. Use or possession of any correctly prescribed drug which is unsafe to use while carrying out assigned duties. Employees using such drugs should contact their supervisor before reporting to work, to discuss the use of such medications. The employee should routinely request information from his physician regarding the possible side effects of prescribed medicine.
- D. Possession of "Look-Alike" or "Designer" drugs in any form. These drugs are not to be used on ATHENA CONSTRUCTION property. If any question arises as to acceptability of a particular substance, contact your supervisor.
- E. All employees using any non-prescription (over-the-counter) drug while carrying out assigned duties, must report use of the drug to his immediate supervisor upon reporting for work. The employee must report use of the drug each time it is being used.
- F. Any time a prescription drug is to be used by an employee, a letter must be obtained from the prescribing physician that lists.
 - 1. The reason the drug will be used.
 - 2. Duration of usage.
 - 3. Any side effects caused by the drug.

The letter should be submitted to the employee's immediate supervisor before leaving the office to go to any job site.

I have read or have had read to me the above policy regarding the use of prescription drugs and over-the-counter medication and agree to abide by the instructions set forth herein.

Signature

[Redacted Signature]

Date

5/4/2000

Witness

[Redacted Witness Signature]

ACKNOWLEDGMENT


ATHENA CONSTRUCTION
SAFETY AND HEALTH PROGRAM

Name KENNETH J. RINK
(print name)


I have read or have had read to me the contents of the ATHENA CONSTRUCTION "Safety and Health Program" manual and fully understand the safety material contained therein.

I further agree to abide by the instructions set forth herein.

5/4/2000
(Date)


(Employee Signature)

5-4-00
(Date)


(Witness Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION
NEW EMPLOYEE EVALUATION PROCEDURE

ATHENA CONSTRUCTION uses a Performance Appraisal procedure on all new employees. An appraisal will be done on each employee by his superintendent at the end of his third week, third month, and fifth month of employment.

Employees will be given access to the completed appraisals and superintendents will discuss appraisal results with the employee. If the employee ranks below standard on his General Traits and/or unsatisfactory on his Safety Rules, he will be subject to termination from employment.

I, KENNITH J. RIND

(print name)

have reviewed

an example Performance Appraisal Sheet and understand how it will be used to review my job status.

5/2/2000

(Date)


(Employee Signature)

ACKNOWLEDGEMENT

ATHENA CONSTRUCTION

URINALYSIS DRUG SCREENING POLICY,
EMPLOYEE DRUG TESTING PLAN

By my signature below, I

KENNETH J. RINIC

(please print name)

hereby acknowledge that I have read and understand the EMPLOYEE DRUG TESTING PLAN of ATHENA CONSTRUCTION, which outlines the company's policy regarding the use or possession of drugs. I understand that the company requires employees to submit urine specimens to be analyzed for the presence of drugs. I realize that the presence of a detectable trace of an unauthorized substance is grounds for disciplinary action and that this may include **TERMINATION** of my employment. I further realize that my cooperation is voluntary and that refusal to submit a specimen for testing is grounds for my **TERMINATION**. I agree to cooperate and abide by these policies and understand that any failure to do so on my part is grounds for **TERMINATION**.

In connection with **POST-ACCIDENT TESTING OF EMPLOYEES**, as stated in the Employee Drug Testing Plan, I authorize the release of any and all medical documentation that could indicate whether or not prohibited drugs were present in my system and authorize any hospital or medical facility to take measures to determine if such drugs were present in my system.

Date

5/4/2000

Employee Signature

Date

5-4-00

Signature of Supervisor/Witness


ACKNOWLEDGEMENT**ATHENA CONSTRUCTION****ALCOHOL MISUSE PREVENTION PROGRAM**

By my signature below, I KENNETH J. RINK
(please print name)


hereby acknowledge that I have read and understand the ALCOHOL MISUSE PREVENTION PROGRAM of ATHENA CONSTRUCTION, which outlines the company's policy regarding the use of alcohol. I understand that the company requires employees to submit to breathalyzer tests for the presence of alcohol. I realize that the presence of a detectable trace of any alcohol is grounds for disciplinary action and that this may include **TERMINATION** of my employment. I further realize that my cooperation is voluntary and that refusal to submit for testing is grounds for my **TERMINATION**. I agree to cooperate and abide by these policies and understand that any failure to do so on my part is grounds for **TERMINATION**.

In connection with **POST-ACCIDENT TESTING OF EMPLOYEES**, as stated in the Alcohol Misuse Prevention Program, I authorize the release of any and all medical documentation that could indicate whether or not alcohol was present in my system and authorize any hospital or medical facility to take measures to determine if such alcohol was present in my system.

Date

5/4/2000
Employee Signature

Date

5-4-00
Signature of Witness

ACKNOWLEDGEMENT

ATHENA CONSTRUCTION

FIREARMS AND WEAPONS POLICY

By my signature below, I

KENNETH J. RINK

(please print name)

hereby acknowledge that I have read and understand the Firearms and Weapons Policy of ATHENA CONSTRUCTION, which outlines the company's policy regarding the use or possession of firearms, weapons, ammunition, and related items. I realize that a search may be conducted of myself or my personal effects. I realize that the possession of any firearm, weapon, ammunition, or unauthorized property or equipment is grounds for disciplinary action and that this may include TERMINATION of my employment. I further realize that my cooperation is voluntary and that refusal to submit to a search is grounds for my TERMINATION. I agree to cooperate and abide by these policies and understand that any failure to do so on my part is grounds for TERMINATION.

5/4/2000

(Date)

5-4-00

(Date)

[Redacted Signature]

[Redacted Signature]

[Redacted Signature]

[Redacted Signature]

(Witness Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION BLOODBORNE PATHOGENS PLAN

NAME KENNETH J. RINK
(Print Name)

I have read or have had read to me the contents of the Athena Construction "Bloodborne Pathogens" manual and fully understand the safety material contained therein. I further agree to abide by the instructions set forth herein.

5/4/2000
(Date)

[Redacted Signature]
(Employee Signature)


5-4-00
(Date)

[Redacted Signature]
(Witness Signature)

EMPLOYEE SIGN-OFF SHEET

HEARING CONSERVATION PROGRAM

I acknowledge I have been given a copy of the Hearing Conservation Program. I have read and understood it, and I accept the program as a working document which I will support and follow in my daily work for Athena Construction.


Employee Signature

5/4/200
Date

54-00
Supervisor's Signature

 ATHENA CONSTRUCTION

Company Name

ACKNOWLEDGMENT

ATHENA CONSTRUCTION

ENVIRONMENTAL PROTECTION PLAN

Name KEVIN J. RINK
(print name)

I have read or have had read to me the contents of the ATHENA CONSTRUCTION "Environmental Protection Plan" and fully understand the material contained therein.

I further agree to abide by the instructions set forth herein.

5/4/2000
(Date)

[Redacted Signature]
(Witness Signature)

5-4-00
(Date)

[Redacted Signature]
(Witness Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C. COMPANY POLICY

Name JOHN J. MIRE JR.
(print name)

I have read or have had read to me the contents of the Athena Construction, L.L.C.
"Company Policy" manual and fully understand the material contained therein.

I further agree to abide by the instructions set forth therein.

6-29-06 [Redacted Signature] [Redacted Signature]
(Date) (Employee Signature) (Company Representative Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C. SAFETY AND HEALTH PROGRAM

Name JOHN J. MIRE JR.
(print name)

I have read or have had read to me the contents of the Athena Construction, L.L.C. "Safety and Health Program" manual and fully understand the safety material contained therein.

I further agree to abide by the instructions set forth herein.

6-29-06 (Date) [Redacted Signature] (Employee Signature) [Redacted Signature] (Company Representative Signature)

ATHENA CONSTRUCTION, L.L.C.

**ACKNOWLEDGMENT AND AGREEMENT
WITH RESPECT TO
DRUG AND ALCOHOL TESTING**

I, the undersigned employee hereby certify that I have been furnished with a copy of the DOT Drug and Alcohol Testing Programs, including its Employee Assistance Program, and that I have read and understand that I am responsible for same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said DOT Drug and Alcohol Policies, for any failure or refusal to provide urine and/or breath specimens when requested by the Company, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other Drug and Alcohol Testing Programs.

In connection with POST-ACCIDENT TESTING OF EMPLOYEES, as stated in the Anti-Drug and the Alcohol Misuse Prevention programs, I authorize the release of any and all medical documentation that could indicate whether or not alcohol was present in my system and authorize any hospital or medical facility to take measures to determine if such prohibited drugs or alcohol was present in my system and authorize any hospital or medical facility to take measures to determine if such prohibited drugs or alcohol was present in my system.

Executed this 29 day of JUNE, 2006.

JOHN J. MIAE JR.
Employee Name (Please Print)

[REDACTED]
Employee Signature

[REDACTED]
Social Security Number

ACKNOWLEDGMENT

(For Company Use Only)

ATHENA CONSTRUCTION, L.L.C.

USE OF PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS

Name:

JOHN J. MIRE JR.

(print name)

In addition to the use of drugs covered in the Anti-Drug Plan, the employee will be considered in violation of this policy and will be subject to disciplinary action, up to and including, termination of employment for violation of the use of prescription drugs and over-the-counter medications as stated in the Policy Statement on Drug Testing and as outlined below.

- A. Possession of prescribed drugs that are not prescribed to the person in possession.
- B. Possession of any drug that is not in a properly identified prescription container or manufacturer's container if bought over-the-counter.
- C. Use or possession of any correctly prescribed drug which is unsafe to use while carrying out assigned duties. Employees using such drugs should contact their supervisor before reporting to work, to discuss the use of such medications. The employee should routinely request information from his physician regarding the possible side effects of prescribed medicine.
- D. Possession of "Look-Alike" or "Designer" drugs in any form. These drugs are not to be used on the company property. If any question arises as to acceptability of a particular substance, contact your supervisor.
- E. All employees using any non-prescription (over-the-counter) drug while carrying out assigned duties, must report use of the drug to his immediate supervisor upon reporting for work. The employee must report use of the drug each time it is being used.
- F. Any time a prescription drug is to be used by an employee, a letter must be obtained from the prescribing physician that lists:
 - 1. The reason the drug will be used.
 - 2. Duration of usage.
 - 3. Any side effects caused by the drug.

The letter should be submitted to the employee's immediate supervisor before leaving the office to go to any jobsite.

I have read or have had read to me the above policy regarding the use of prescription drugs and over-the-counter medication and agree to abide by the instructions set forth herein.

6-29-06

(Date)

[Signature]
(Employee Signature)

[Signature]
(Company Representative Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C.

WORK VEST POLICY

Name: JOHN J. MIRE JR.
(print name)

I have received instruction on the proper adjustment and wearing of a work vest and have successfully demonstrated the wearing and adjustment of a work vest to the Safety Director or Supervisor of Athena Construction, L.L.C. Furthermore, I have read or had read to me the policy of Athena Construction, L.L.C. specific to the wearing of work vests, and fully understand the material contained therein. I agree to abide by the instructions set forth therein.

10-29-06
(Date)

[Redacted Signature]
(Employee Signature)

[Redacted Signature]
(Company Representative Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION COMPANY POLICY

Name Brian Dumesnil
(print name)

I have read or have had read to me the contents of the Athena Construction "Company Policy" manual and fully understand the material contained therein.

I further agree to abide by the instructions set forth therein.

5/12/06
(Date)

[Redacted Signature]
(Employee Signature)

[Redacted Signature]
(Safety Director Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION SAFETY AND HEALTH PROGRAM

Name Brian Dumesnil

(print name)

I have read or have had read to me the contents of the Athena Construction "Safety and Health Program" manual and fully understand the safety material contained therein.

I further agree to abide by the instructions set forth herein.

5/12/06

(Date)

[Redacted Signature]

(Employee Signature)

[Redacted Signature]

(Safety Director Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION

WORK VEST POLICY

Name: Brian Dumesnil

(print name)

I have received instruction on the proper adjustment and wearing of a work vest and have successfully demonstrated the wearing and adjustment of a work vest to the Safety Director or Supervisor of Athena Construction. Furthermore, I have read or had read to me the policy of Athena Construction specific to the wearing of work vests, and fully understand the material contained therein. I agree to abide by the instructions set forth therein.

5/17/06
(Date)

[Redacted Signature]
(Employee Signature)

[Redacted Signature]
(Safety Director Signature)

ACKNOWLEDGMENT/RECEIPT**ATHENA CONSTRUCTION****URINALYSIS DRUG SCREENING POLICY
EMPLOYEE DRUG TESTING PLAN**

By my signature below, I Brian Dumesnik
(please print name)

hereby acknowledge that I have been given a copy of, and that I have read and understand the company's policy regarding the use or possession of drugs. I understand that the company requires employees to submit urine specimens to be analyzed for the presence of drugs. I realize that the presence of a detectable trace of an unauthorized substance is grounds for disciplinary action and that this may include TERMINATION of my employment. I further realize that my cooperation is voluntary and that refusal to submit a specimen for testing is grounds for my TERMINATION. I agree to cooperate and abide by these policies and understand that any failure to do so on my part is grounds for TERMINATION.

In connection with POST-ACCIDENT TESTING OF EMPLOYEES, as stated in the Anti-Drug Plan, I authorize the release of any and all medical documentation that could indicate whether or not prohibited drugs were present in my system and authorize any hospital or medical facility to take measures to determine if such drugs were present in my system.

5/17/06
(Date)

[REDACTED]
(Employee Signature)

[REDACTED]
(Safety Director Signature)

(For Company Use Only)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION

USE OF PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS

Name: Brian Dumesnil

(print name)

In addition to the use of drugs covered in the Anti-Drug Plan, the employee will be considered in violation of this policy and will be subject to disciplinary action, up to and including, termination of employment for violation of the use of prescription drugs and over-the-counter medications as stated in the Policy Statement on Drug Testing and as outlined below.

- A. Possession of prescribed drugs that are not prescribed to the person in possession.
- B. Possession of any drug that is not in a properly identified prescription container or manufacturer's container if bought over-the-counter.
- C. Use or possession of any correctly prescribed drug which is unsafe to use while carrying out assigned duties. Employees using such drugs should contact their supervisor before reporting to work, to discuss the use of such medications. The employee should routinely request information from his physician regarding the possible side effects of prescribed medicine.
- D. Possession of "Look-Alike" or "Designer" drugs in any form. These drugs are not to be used on the company property. If any question arises as to acceptability of a particular substance, contact your supervisor.
- E. All employees using any non-prescription (over-the-counter) drug while carrying out assigned duties, must report use of the drug to his immediate supervisor upon reporting for work. The employee must report use of the drug each time it is being used.
- F. Any time a prescription drug is to be used by an employee, a letter must be obtained from the prescribing physician that lists:
 - 1. The reason the drug will be used.
 - 2. Duration of usage.
 - 3. Any side effects caused by the drug.

The letter should be submitted to the employee's immediate supervisor before leaving the office to go to any jobsite.

I have read or have had read to me the above policy regarding the use of prescription drugs and over-the-counter medication and agree to abide by the instructions set forth herein.

5/12/04

(Date)

(Employee Signature)

(Safety Director Signature)

ACKNOWLEDGMENT/RECEIPT**ATHENA CONSTRUCTION****ALCOHOL MISUSE PREVENTION PROGRAM**

By my signature below, I Brian Dumesnil
(please print name)

hereby acknowledge that I have been given a copy of, and that I have read and understand the ALCOHOL MISUSE PREVENTION PROGRAM of ATHENA CONSTRUCTION, which outlines the company's policy regarding the use of alcohol. I understand that the company requires employees to submit to breathalyzer tests for the presence of alcohol. I realize that the presence of a detectable trace of any alcohol is grounds for disciplinary action and that this may include TERMINATION of my employment. I further realize that my cooperation is voluntary and that refusal to submit for testing is grounds for my TERMINATION. I agree to cooperate and abide by these policies and understand that any failure to do so on my part is grounds for TERMINATION.

In connection with POST-ACCIDENT TESTING OF EMPLOYEES, as stated in the Alcohol Misuse Prevention Program, I authorize the release of any and all medical documentation that could indicate whether or not alcohol was present in my system and authorize any hospital or medical facility to take measures to determine if such alcohol was present in my system.

5/17/06
(Date)

[REDACTED]
(Employee Signature)

[REDACTED]
(Safety Director Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION

TEXACO CONTRACTORS' ORIENTATION VIDEO

Name: Brian Dumesnil
(print name)

I have viewed the Texaco Contractors' Orientation Video and fully understand the safety material contained in, and agree to abide by, the instructions set forth therein.

5/17/06
(Date)

[REDACTED]
(Employee Signature)

[REDACTED]
(Safety Director Signature)

ACKNOWLEDGEMENT

ATHENA CONSTRUCTION FIREARMS AND WEAPONS POLICY

By my signature below, I Brian P Dumesnil
(Please Print Name)

hereby acknowledge that I have read and understand the Firearms and Weapons Policy of ATHENA CONSTRUCTION which outlines the company's policy regarding the use or possession of firearms, weapons, ammunition, and related items. I realize that a search may be conducted of myself or of my personal effects. I realize that the possession of any firearm, weapon, ammunition or unauthorized property or equipment is grounds for disciplinary action and that this may include **TERMINATION** of my employment. I further realize that my cooperation is voluntary and that refusal to submit to a search is grounds for my **TERMINATION**. I agree to cooperate and abide by these policies and understand that any failure to do so on my part is grounds for **TERMINATION**.

05-17/06
(Date)

[Redacted Signature]
(Employee Signature)

[Redacted Signature]
(Safety Director Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION HAZARD COMMUNICATION PROGRAM

Name Brian Dumesnil
(print name)

I have read or have had read to me the contents of the Athena Construction "Hazard Communication Program" and fully understand the material contained therein.

I further agree to abide by the instructions set forth therein.

05-17/06
(Date)

[Redacted Signature]
(Employee Signature)

[Redacted Signature]
(Safety Director Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION LOCK-OUT/TAG-OUT PROGRAM

Name Brian P Dumesnil
(print name)

I have read or have had read to me the contents of the Athena Construction "Lock-Out/Tag-Out Program" and fully understand the material contained therein.

I further agree to abide by the instructions set forth therein.

05-17-06
(Date)

[REDACTED]
(Employee Signature)

[REDACTED]
(Safety Director Signature)

ACKNOWLEDGMENT
ATHENA CONSTRUCTION
BLOODBORNE PATHOGENS PLAN

Name Brian B Dumesnil
(Print Name)

I have read or have had read to me the contents of the Athena Construction "Bloodborne Pathogens" manual and fully understand the safety material contained therein. I further agree to abide by the instructions set forth herein.

05-17/06
(Date)

[REDACTED]
(Employee Signature)

[REDACTED]
(Safety Director Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION SMOKE FREE FACILITY POLICY

Name Brian Dumesnil

(print name)

I have read or have had read to me the contents of the Athena Construction "Smoke Free Facility Policy" and fully understand the material contained therein.

I further agree to abide by the instructions set forth therein.

05-17/06

(Date)

[Redacted Signature]
(Employee Signature)

[Redacted Signature]
(Safety Director Signature)

EMPLOYEE SIGN-OFF SHEET

ATHENA CONSTRUCTION

HEARING CONSERVATION PROGRAM

I acknowledge I have been given a copy of the Hearing Conservation Program. I have read and understand it, and I accept the program as a working document which I will support and follow in my daily work for Athena Construction.

05/12/06

(Date)

[REDACTED]
(Employee Signature)

[REDACTED]
(Safety Director Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION

ENVIRONMENTAL PROTECTION PLAN

Name: Brian Dumesnil
(print name)

I have read or have had read to me the contents of the ATHENA CONSTRUCTION
"Environmental Protection Plan" and fully understand the material contained therein.

I further agree to abide by the instructions set forth herein.

05-17/06
(Date)

[Redacted Signature]
(Employee Signature)

[Redacted Signature]
(Safety Director Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION EMERGENCY RESPONSE PLAN

Name Brian Dumesnil
(print name)

I have read or have had read to me the contents of the Athena Construction "Emergency Response Plan" and fully understand the material contained therein.

I further agree to abide by the instructions set forth therein.

05-12-06
(Date)

[REDACTED]
(Employee Signature)

[REDACTED]
(Safety Director Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C.

WORK VEST POLICY

Name: Claveland Tardy
(print name)

I have received instruction on the proper adjustment and wearing of a work vest and have successfully demonstrated the wearing and adjustment of a work vest to the Safety Director or Supervisor of Athena Construction, L.L.C. Furthermore, I have read or had read to me the policy of Athena Construction, L.L.C. specific to the wearing of work vests, and fully understand the material contained therein. I agree to abide by the instructions set forth therein.

7-11-06
(Date)

[Redacted Signature]
(Employee Signature)

[Redacted Signature]
(Company Representative Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C. SAFETY AND HEALTH PROGRAM

Name Cleveland E. Tardy
(print name)

I have read or have had read to me the contents of the Athena Construction, L.L.C. "Safety and Health Program" manual and fully understand the safety material contained therein.

I further agree to abide by the instructions set forth herein.

7.11.06 [Redacted Signature] [Redacted Signature]
(Date) (Employee Signature) (Company Representative Signature)

ATHENA CONSTRUCTION, L.L.C.

ACKNOWLEDGMENT AND AGREEMENT WITH RESPECT TO DRUG AND ALCOHOL TESTING

I, the undersigned employee hereby certify that I have been furnished with a copy of the DOT Drug and Alcohol Testing Programs, including its Employee Assistance Program, and that I have read and understand that I am responsible for same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said DOT Drug and Alcohol Policies, for any failure or refusal to provide urine and/or breath specimens when requested by the Company, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other Drug and Alcohol Testing Programs.

In connection with POST-ACCIDENT TESTING OF EMPLOYEES, as stated in the Anti-Drug and the Alcohol Misuse Prevention programs, I authorize the release of any and all medical documentation that could indicate whether or not alcohol was present in my system and authorize any hospital or medical facility to take measures to determine if such prohibited drugs or alcohol was present in my system and authorize any hospital or medical facility to take measures to determine if such prohibited drugs or alcohol was present in my system.

Executed this 27 day of September, 2006

Employee Name (Please Print)

Employee Signature

Social Security Number

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C. SAFETY AND HEALTH PROGRAM

Name _____

Albert D. Davis Jr.
(print name)

I have read or have had read to me the contents of the Athena Construction, L.L.C. "Safety and Health Program" manual and fully understand the safety material contained therein.

I further agree to abide by the instructions set forth herein.

9/27/06
(Date)

[Signature]
(Employee Signature)

[Signature]
(Company Representative Signature)

ATHENA CONSTRUCTION, L.L.C.

**ACKNOWLEDGMENT AND AGREEMENT
WITH RESPECT TO
DRUG AND ALCOHOL TESTING**

I, the undersigned employee hereby certify that I have been furnished with a copy of the DOT Drug and Alcohol Testing Programs, including its Employee Assistance Program, and that I have read and understand that I am responsible for same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said DOT Drug and Alcohol Policies, for any failure or refusal to provide urine and/or breath specimens when requested by the Company, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other Drug and Alcohol Testing Programs.

In connection with POST-ACCIDENT TESTING OF EMPLOYEES, as stated in the Anti-Drug and the Alcohol Misuse Prevention programs, I authorize the release of any and all medical documentation that could indicate whether or not alcohol was present in my system and authorize any hospital or medical facility to take measures to determine if such prohibited drugs or alcohol was present in my system and authorize any hospital or medical facility to take measures to determine if such prohibited drugs or alcohol was present in my system.

Executed this 11 day of July, 20 06.

Terri Abraham
Employee Name (Please Print)

[Redacted Signature]
Employee Signature

[Redacted Social Security Number]
Social Security Number

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C. SAFETY AND HEALTH PROGRAM

Name Terril Abraham
(print name)

I have read or have had read to me the contents of the Athena Construction, L.L.C. "Safety and Health Program" manual and fully understand the safety material contained therein.

I further agree to abide by the instructions set forth herein.

7-11-16 [Redacted Signature] [Redacted Signature]
(Date) (Employee Signature) (Company Representative Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C. COMPANY POLICY

Name Terry Abramo
(print name)

I have read or have had read to me the contents of the Athena Construction, L.L.C.
"Company Policy" manual and fully understand the material contained therein.

I further agree to abide by the instructions set forth therein.

7-11-06

(Date)

[Redacted Signature]
(Employee Signature)

[Redacted Signature]
(Company Representative Signature)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C.

WORK VEST POLICY

Name: Terry Abraham
(print name)

I have received instruction on the proper adjustment and wearing of a work vest and have successfully demonstrated the wearing and adjustment of a work vest to the Safety Director or Supervisor of Athena Construction, L.L.C. Furthermore, I have read or had read to me the policy of Athena Construction, L.L.C. specific to the wearing of work vests, and fully understand the material contained therein. I agree to abide by the instructions set forth therein.

7-11-06
(Date)


(Employee Signature)


(Company Representative Signature)

(For Company Use Only)

ACKNOWLEDGMENT

ATHENA CONSTRUCTION, L.L.C.

USE OF PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS

Name:

Terry Abraham

(print name)

In addition to the use of drugs covered in the Anti-Drug Plan, the employee will be considered in violation of this policy and will be subject to disciplinary action, up to and including, termination of employment for violation of the use of prescription drugs and over-the-counter medications as stated in the Policy Statement on Drug Testing and as outlined below.

- A. Possession of prescribed drugs that are not prescribed to the person in possession.
- B. Possession of any drug that is not in a properly identified prescription container or manufacturer's container if bought over-the-counter.
- C. Use or possession of any correctly prescribed drug which is unsafe to use while carrying out assigned duties. Employees using such drugs should contact their supervisor before reporting to work, to discuss the use of such medications. The employee should routinely request information from his physician regarding the possible side effects of prescribed medicine.
- D. Possession of "Look-Alike" or "Designer" drugs in any form. These drugs are not to be used on the company property. If any question arises as to acceptability of a particular substance, contact your supervisor.
- E. All employees using any non-prescription (over-the-counter) drug while carrying out assigned duties, must report use of the drug to his immediate supervisor upon reporting for work. The employee must report use of the drug each time it is being used.
- F. Any time a prescription drug is to be used by an employee, a letter must be obtained from the prescribing physician that lists:
 - 1. The reason the drug will be used.
 - 2. Duration of usage.
 - 3. Any side effects caused by the drug.

The letter should be submitted to the employee's immediate supervisor before leaving the office to go to any jobsite.

I have read or have had read to me the above policy regarding the use of prescription drugs and over-the-counter medication and agree to abide by the instructions set forth herein.

7-11-06

(Date)

(Employee Signature)

(Company Representative Signature)

ATHENA CONSTRUCTION, L.L.C.
DAILY LABOR AND EQUIPMENT REPORT

11-22-06 *W*
 DATE

FIELD		CHARGE								W.O.	
EMP NO.	NAME	HOURS	OT	RATE	TO BILL	EQ. NO.	TYPE AND SIZE	DAY	HOURS	RATE	TO BILL
16	<i>J. Amour</i>	12		45.00	12	105	DRAGLINE BARGE-36X110	1		325.00	1-day
	SUPERVISOR						DRAGLINE BARGE-40X130				
411	<i>G. Free</i>	12		37.50	2		DRAGLINE BARGE-40X140				
	OPERATOR										
385	<i>M. Hudson</i>	12		29.00	12	109	MATERIAL BARGE-40X130				
	RIGGER						MATERIAL BARGE-36X110	1		325.00	1-day
464	<i>C. Smith</i>	12		29.00	12		DRAGLINE-80 TON				
	RIGGER						DRAGLINE-55 TON				
						P-14	DRAGLINE-45 TON		10	90.00	10 hrs
	RIGGER						DRAGLINE-35 TON				
						1	PILEDIVING/PIPING EQUIPMENT	1		600.00	1-day
							PULLING UNIT /W CABLE				
						1	WELDER TOOL BOX	1		25.00	1-day
998	<i>C. Costa</i>	12		50.00	12		CREW BOAT-GAS POWERED				
	WELDER				60		600 hp JET BOAT				
						U-27	TRUCK		12	RM	12 hrs
	PER DIEM										

Safety Meeting Topic:

Look out PPE. 1-2

FIELD ESTIMATED COST:

41655.00

Contain chemicals.

AMOUNT TO BILL:

4,330.00

FOREMAN:

[Redacted Signature]

Work Done:

No accidents

APPROVED BY:

Punch water from marsh. 1 & 9 am. Rain. some water has been splashed on road material at dock.

Gulf Port
COMPANY

ATHENA CONSTRUCTION, L.L.C.
DAILY LABOR AND EQUIPMENT REPORT

mon 8/28/06
DATE

FIELD		CHARGE								W.O. 11503	
EMP. NO.	NAME	HOURS	OT	RATE	TO BILL	EQ. NO.	TYPE AND SIZE	DAY	HOURS	RATE	TO BILL
14	SUPERVISOR B. Remmersa	14		45.00	14	A-108	DRAGLINE BARGE-36X110				
							DRAGLINE BARGE-40X130	1		350.00/day	
22	OPERATOR C. Martin	14		37.50	2		DRAGLINE BARGE-40X140				
393	RIGGER K. Thompson	14		29.00	14		MATERIAL BARGE-40X130				
							MATERIAL BARGE-36X110				
	RIGGER S. Henry	14			14	B-21	DRAGLINE-80 TON		12	145.00	12 hours
428	RIGGER K. Dupre	14		29.00	14		DRAGLINE-55 TON				
							DRAGLINE-45 TON				
424	RIGGER R. Jack	14		29.00	14		DRAGLINE-35 TON				
							PILEDIVING/PIPING EQUIPMENT	1		600.00	1
							PULLING UNIT /W CABLE				
							WELDER TOOL BOX	1		125.00	1 day
998	WELDER R. Verritt	14		50.00	14		CREW BOAT-GAS POWERED				
							600 hp JET BOAT				
						V-17	TRUCK		14	12.00	14 Hours
	PER DIEM										

Safety Meeting Topic:

Slips trips falls

FIELD ESTIMATED COST:

AMOUNT TO BILL:

5,606.00

FOREMAN

APPROVED BY

Work Done:

No Accidents
Disarm codes from camp #2 at hammer land
onto barge. to do Grant job

Jeffrey Long
COMPANY

ATHENA CONSTRUCTION, L.L.C. DAILY LABOR AND EQUIPMENT REPORT

5-23-06
DATE

FIELD		CHARGE								W.D.	
UCB										11464B	
EMP. NO.	NAME	HOURS	OT	RATE	TO BILL	EQ. NO.	TYPE AND SIZE	DAY	HOURS	RATE	TO BILL
7	SUPERVISOR <i>Charles Clute</i>	14		45.00	14		DRAGLINE BARGE-36X110				
							DRAGLINE BARGE-40X130				
11	OPERATOR <i>Doug Bennett</i>	14		37.50	2	A111	DRAGLINE BARGE-40X140	1		375.00	1
308	RIGGER <i>Robert Owen</i>	14		29.00	14		MATERIAL BARGE-40X130				
							MATERIAL BARGE-36X110				
35	RIGGER <i>Cody Lawrence</i>	14		29.00	14		DRAGLINE-80 TON				
408	RIGGER <i>Frank Behr</i>	14		29.00	14	B-19	DRAGLINE-55 TON		12	1100	12
							DRAGLINE-45 TON				
	RIGGER				70		DRAGLINE-35 TON				
							PILEDIVING/PIPING EQUIPMENT	1		600.00	1
							PULLING UNIT /W CABLE				
							WELDER TOOL BOX				
	WELDER						CREW BOAT-GAS POWERED				
							600 hp JET BOAT				
						V28	TRUCK		14	1200	14
	PER DIEM										

Safety Meeting Topic: <i>Working with pigs</i>	FIELD ESTIMATED COST: <i>4,386.00</i>
<i>No Accidents</i>	AMOUNT TO BILL:
	FOREMAN: <i>[Signature]</i>
	APPROVED BY: <i>[Signature]</i>
Work Done: <i>Work as directed</i>	

ATHENA CONSTRUCTION
DAILY LABOR AND EQUIPMENT REPORT

Subpart
MPANY

4-25-04
DATE

I.D		CHARGE							W.O.	
									11454	
J.	NAME	CLASSIFICATION	S.T.	O.T.	RATE	TO BILL	EQ. NO.	TYPE AND SIZE EQUIPMENT	RATE	TO BILL
32	A. Cradeur	Super	14		45.00	14	V-20	Carry all	12.00	14
31	R. Morgan	oper	14		31.50	2	B-11	2yd Dragline	90.00	12
30	E. Boudreaux	sr	14		29.00	14	A-07	Spud Barge	350.00	1-Day
35	L. Wilson	sr	14		29.00	14	Y-4	Matts		1-Day
33	K. Brown	sr	14		29.00	14		Misc. Tools	600.00	1-Day
						70				
work done: 10 min safety meeting										
first leak at batter - run flow line										
from 230 to										
No Accidents										

Fri 6/24/05
 DATE

Issued Res

DATE _____

[illegible]

Cost Distribution — Office Use Only

[illegible]

FOREMAN

APPROVED BY

1,776.00

31923

Difficult Entry


ATHENA CONSTRUCTION
DAILY LABOR AND EQUIPMENT REPORT

4-11-05
DATE

ELD		CHARGE							W.O.	
WCSA		180121 494							11241	
J.	NAME	CLASSIFICATION	S.T.	O.T.	RATE	TO BILL	EQ. NO.	TYPE AND SIZE EQUIPMENT	RATE	TO BILL
7	Charles Clinton	fore	14		34.00	14	649	2 1/2 yd dump	95.00	12
11	Doug Venable	sgm	14		27.50	2	5	Dump Muttie	10.00	1 day
08	Robert P. ...	sk	14		18.00	14	A111	Spud Bump	300.00	1 day
75	Edy Lawrence	sk	14		18.00	14	1	Set Pipe Reaches	300.00	1 day
							4	Pipe Rollers	7.00	1 day
							1	Air Compressor	75.00	1 day
							V28	Pump up	65.00	1 day
Work done: Safety Meeting										
Put mott for compressor and pump up										
lines										

Cost Distribution — Office Use Only

	HOURS		AMOUNT		TOTAL LABOR	TOTAL EQUIPMENT	TOTAL
	S.T.	O.T.	S.T.	O.T.			
TOTALS							

APPROVED BY

FOREMAN
2,749.00 35058

Emergest
MPANY

ATHENA CONSTRUCTION
DAILY LABOR AND EQUIPMENT REPORT

1-24-05 Mr
DATE

D.O. BL 00323

ELD. BATEMAN LAKE CHARGE AFF# CD 1104-007 W.O. 11211

D.	NAME	CLASSIFICATION	S.T.	O.T.	RATE	TO BILL	EQ. NO.	TYPE AND SIZE EQUIPMENT	RATE	TO BILL
10	J. Avonin	supv	11		34.00	11	V-18	pump	6.50	11
12	A. Cradock	oper	11		22.50	1	B-14	240 dragline	72.00	10
18	J. Mitchell	SR	11		18.00	11	105	spiral barge	240.00	1 Day
21	R. Morgan SR	SR	11		18.00	11	Y-4	hopper	10.00	1 Day
26	R. Friedman	Welder	11		38.00	11	F-13	air comp	75.00	1 Day
19	J. Hays	SR	11		18.00	11	0-20	air drill	30.00	1 Day
19	R. Wood	SR	11		18.00	11	1-1	Cutting rig	30.00	1 Day
								grinder	16.00	1 Day
							2-2	Centrifugal pump	25.00	1 Day

Work done: Safety meet. Repair drains.
Install handrail. Well as instructed
let chemical tank. Work to flush
low tanks.
No Accidents

Cost Distribution — Office Use Only

	HOURS		AMOUNT		TOTAL LABOR	TOTAL EQUIPMENT	TOTAL
	S.T.	O.T.	S.T.	O.T.			
TOTALS							

PREMAN
APPROVED BY

2,909.00 34825

ACCIDENT INVESTIGATIONS

Each line supervisor shall conduct a formal written investigation of each and every job injury or incident whether or not it requires a visit to a clinic or physician. The immediate line supervisor of the affected employee shall conduct the investigation by completing a copy of the Alleged Incident Report form provided in this section. This form shall be completed within the immediate work shift following the date of the incident and forwarded to operating management for review and comments.

ATHENA CONSTRUCTION, L.L.C.

P. O. Box 0

Morgan City, Louisiana 70381

Ph: 504-384-5724 ----- Fax: 504-384-5727

ALLEGED INCIDENT REPORT

(Please print. Answer all questions.)

Date of Report 7-17-06 Date & Time of Injury 1:15 P.M. AM/PM Date Employer Knew of Injury 7-17-06
Normal Starting Time Day of Acc 5:00 ~~AM~~ If Employee Back to Work Give Date _____ At same wage? _____ Yes/No
Date Disability Began 7-17-06 Last Full Day Paid (Date) _____ If Fatal Injury, Date of Death _____

Full Name of Employee _____
Address _____ Date of Hire 5-72
Race: White ☒ Black ☐ Am. Indian ☐ Asian ☐ Other Marital Status: ☐ Single ☐ Married ☒ Div. ☐ Separated ☐ Widowed
No. of Children Under 18 yrs. _____ Job Title _____

Exact Location of Alleged Incident (field, nearest town/city, etc.) Webb 10 minutes from Glencoe

Customer Gulfport Energy Job # _____ Weather Conditions Hot
Name of Athena Barge/Tug (if any) Athena 111

Nature and Location of Injury (describe fully, include parts of body affected). Employee states: _____
Both ankles left arm nose & head

Description of Incident. Employee states: Hooked up mat and swung over to platform
Cable broke mat fell on large beams on mat but left arm
and head

Name & Address of Physician and/or Hospital providing medical treatment _____
J

(continued on back)

ACCIDENT INVESTIGATIONS

Each line supervisor shall conduct a formal written investigation of each and every job injury or incident whether or not it requires a visit to a clinic or physician. The immediate line supervisor of the affected employee shall conduct the investigation by completing a copy of the Alleged Incident Report form provided in this section. This form shall be completed within the immediate work shift following the date of the incident and forwarded to operating management for review and comments.

ATHENA CONSTRUCTION

P. O. Box O

Morgan City, Louisiana 70381

Ph: 504-384-5724 — Fax: 504-384-5727

ALLEGED INCIDENT REPORT

(Please print. Answer all questions.)

Date of Report _____ Date & Time of Injury 12-17-04 7:00 AM/PM
Normal Starting Time Day of Acc 7:00 AM/PM. If Employee Back to Work Give Date _____
At same wage? _____ Yes/No If Fatal Injury Give Date of Death _____
Date Employer Knew of Injury _____ Date Disability Began _____ Last Full Day Paid-Date _____

Full Name of Employee _____

Address _____

Race: ☒ White ☐ Black ☐ Am. Indian ☐ Asian ☐ Other D/Birth _____

Marital Status: ☒ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed Date of Hire 2-6-04

No. of Children Under 18 yrs. _____ Job Title _____

Did Injury Occur Because of: Mechanical Defect ☒ Yes/No Unsafe Act ☒ Yes/No. If Yes, describe defect or what was unsafe _____

Exact Location of Alleged Incident (field, nearest town/city, etc.) WCB

Customer Gulfport Job # _____ Weather Conditions cold - come

Name of Athena Barge/Tug (if any) _____

Nature and Location of Injury (describe fully, include parts of body affected). Employee states _____

Description of Incident. Employee states: fell on clewrest (2nd Party untal) injured knee.

going home ice on knee, been for surgery.

Name & Address of Physician and/or Hospital providing medical treatment _____

(continued on back)

SEND IN TO OFFICE AS SOON AS POSSIBLE

ATHENA CONSTRUCTION

LINE SUPERVISOR'S ACCIDENT INVESTIGATION (INJURY)

1. Name of injured person Ernest Bradley
2. Age 27 Sex Male 3. Years of Service _____
4. Time on Present Job _____ 5. Occupation _____
6. Date of Accident 12-7-06 7. Time of Accident 7:00am
8. Location of Accident WCCB

9. Accident Category (check)

_____ Motor Vehicle _____ Property Damage
_____ Fire ✓ Other: WCCB

10. Severity of Injury _____ Non-Disabling _____ Disabling

_____ Medical Treatment _____ Fatality

11. Estimated number of days away from job _____

12. Nature of Injury _____

13. Part of Body Affected Knees

14. Degree of Disability _____

15. Causative agent most directly related to accident.
(Object, substance, material, machinery, equipment,
conditions, etc.):

Was weather a factor: NO

GENERAL SUPERVISOR'S APPRAISAL AND RECOMMENDATIONS

A. In your opinion, what action on the part of injured person or others contributed to this accident?

Date Prepared: 12-07-06 Signature: _____

Line Supervisor

Signature: _____

General Supervisor

ACCIDENT INVESTIGATIONS

Each line supervisor shall conduct a formal written investigation of each and every job injury or incident whether or not it requires a visit to a clinic or physician. The immediate line supervisor of the affected employee shall conduct the investigation by completing a copy of the Alleged Incident Report form provided in this section. This form shall be completed within the immediate work shift following the date of the incident and forwarded to operating management for review and comments.

ATHENA CONSTRUCTION

P. O. Box 0

Morgan City, Louisiana 70381

Ph: 504-384-5724 Fax: 504-384-5727

ALLEGED INCIDENT REPORT

(Please print. Answer all questions.)

Date of Report	<u>11-23-05</u>	Date & Time of Injury	<u>10:30</u>	AM/PM
Normal Starting Time Day of Acc	<u>500</u>	AM/PM	If Employee Back to Work Give Date <u>NOV 24 2005</u>	
At same wage?	<u>Yes/No</u>	If Fatal Injury Give Date of Death		
Date Employer Knew of Injury	<u>11-23-05</u>	Date Disability Began	Last Full Day Paid-Date	
Full Name of Employee	<u>[REDACTED]</u>			
Address	<u>[REDACTED]</u>			
Race:	<u>White</u> <input checked="" type="checkbox"/> <u>Black</u> <input type="checkbox"/> <u>Am.Indian</u> <input type="checkbox"/> <u>Asian</u> <input type="checkbox"/> <u>Other</u> <input type="checkbox"/>	D/Birth	<u>[REDACTED]</u>	
Marital Status:	<u>Single</u> <input type="checkbox"/> <u>Married</u> <input type="checkbox"/> <u>Divorced</u> <input checked="" type="checkbox"/> <u>Separated</u> <input type="checkbox"/> <u>Widowed</u> <input type="checkbox"/>	Date of Hire	<u>5/8/04</u>	
No. of Children Under 18 yrs.	<u>2</u>	Job Title	<u>OPER</u>	
Did Injury Occur Because of: Mechanical Defect <input type="checkbox"/> Yes/No Unsafe Act <input type="checkbox"/> Yes/No. If Yes, describe defect or what was unsafe				
<u>Exact Location of Alleged Incident (field, nearest town/city, etc.)</u> <u>West of Cote Blanche Bay</u>				
Customer	<u>DULF Port</u>	Job #	<u>Re-116</u>	Weather Conditions <u>GOOD</u>
Name of Athena Barge/Tug (if any)	<u>A-106</u>			
Nature and Location of Injury (describe fully, include parts of body affected). Employee states <u>Right lower</u>				
<u>R. B. cage hurts when bending over</u>				
Description of Incident. Employee states: <u>Slid leaning over pipe to hammer with</u>				
<u>onto D. Luig</u>				
Name & Address of Physician and/or Hospital providing medical treatment				

(continued on back)

SEND IN TO OFFICE AS SOON AS POSSIBLE

Kenny Rink -

MEL claims - back injury

8/5/05 - 6/14/06

Employed by Athena Construction, a div of Hellenic Inc.
Did not transfer w/ Athena Construction, L.L.C. on date
of sale 2/1/06.

Became employee of Athena LLC on 6/19/06

ACCIDENT INVESTIGATIONS

Each line supervisor shall conduct a formal written investigation of each and every job injury or incident whether or not it requires a visit to a clinic or physician. The immediate line supervisor of the affected employee shall conduct the investigation by completing a copy of the Alleged Incident Report form provided in this section. This form shall be completed within the immediate work shift following the date of the incident and forwarded to operating management for review and comments.

ATHENA CONSTRUCTION

P. O. Box 0

Morgan City, Louisiana 70381

Ph: 504-384-5724 Fax: 504-384-5727

ALLEGED INCIDENT REPORT

(Please print. Answer all questions.)

Date of Report <u>7-13-05</u>	Date & Time of Injury <u>7-13-05</u>	<u>AM</u> /PM
Normal Starting Time Day of Acc <u>5:00 A.M.</u>	AM/PM . If Employee Back to Work Give Date _____	
At same wage? _____ Yes/No	If Fatal Injury Give Date of Death _____	
Date Employer Knew of Injury <u>7-13-05</u>	Date Disability Began _____	Last Full Day Paid-Date _____
Full Name of Employee _____	_____	
Address _____	_____	
Race: <input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Black _____ Am.Indian _____ Asian _____ Other _____	D/Birth _____	
Marital Status: <input checked="" type="checkbox"/> Single _____ Married _____ Divorced _____ Separated _____ Widowed _____	Date of Hire <u>4-06-05</u>	
No. of Children Under 18 yrs. _____	Job Title <u>Longshore</u>	
Did Injury Occur Because of: Mechanical Defect _____ Yes/No Unsafe Act _____ Yes/No. If Yes, describe defect or what was unsafe _____		

Exact Location of Alleged Incident (field, nearest town/city, etc.) _____		
<u>Cypress Point, La.</u>		
Customer <u>Shellport Energy</u>	Job # _____	Weather Conditions <u>hot</u>
Name of Athena Barge/Tug (if any) _____		
Nature and Location of Injury (describe fully, include parts of body affected). Employee states _____		
<u>Employee sprain his left foot getting into personal basket</u> <u>accidentally stepped on wrench</u>		
Description of Incident. Employee states: <u>Employee got in basket from derrick and</u> <u>hurt his ankle</u>		
Name & Address of Physician and/or Hospital providing medical treatment _____		

(continued on back)

SEND IN TO OFFICE AS SOON AS POSSIBLE